Revision: HCFA-AT-80-38 (EPP)

May 22, 1980

New York State

Citation 42 CFR 441.252 AT-78-99

3.4 Special Requirements Applicable to Sterilization Procedures

> All requirements of 42 CFR Part 441, Subpart F are met.

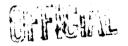
Dr. Cap

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OFFICIAL

	AUGUST 1991	(515)	OMB NO 0938-			
	State: _	New York				
Citation 1902(a)(52) and 1925 of		Families R	eceiving Extended Medicaid Benefits			
the Act	(a)	Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).				
·	(p)	Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are				
		serv reci may	l in amount, duration, and scope to ices provided to categorically needy AFDC pients as described in <u>ATTACHMENT 3.1-A</u> (or be greater if provided through a caretaker tive employer's health insurance plan).			
6		serv reci thro insu	l in amount, duration, and scope to ices provided to categorically needy AFDC pients, (or may be greater if provided ugh a caretaker relative employer's health rance plan) minus any one or more of the owing acute services:			
		s d	ursing facility services (other than ervices in an institution for mental iseases) for individuals 21 years of age or lder.			
			edical or remedial care provided by icensed practitioners.			
		<u>/</u> H	ome health services.			
91-	- 75					
TN No	Approva	Date MA	R 3 1992 Effective Date OCT 1 1991			
TN No. X	<u> </u>		HCFA ID: 7982E			

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Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	BPD) OMB No		.: 0938-		
	State:	New York					
Citation	3.5	Families (Continu		xtended Medicaid	<u>Benefits</u>		
			Private dut	y nursing service	s.		
		<u></u>	Physical th	erapy and related	services.		
		<u>_</u>		ostic, screening, ion services.	preventive	, and	
		<u></u>	facility se	npatient hospital services and nursing acility services for individuals 65 years age or over in an institution for mental seases.			
		<u></u>	Intermediatementally re	liate care facility services for the retarded.			
		_7	Inpatient psychiatric services for individuals under age 21.				
			Hospice ser	vices.			
•		_7	Respiratory care services.				
		\Box	Any other medical care and any oremedial care recognized under S specified by the Secretary.				
01	-75						
TN No. 1 Supersedes	Approval	Date	MAR 3 1932	Effective Date	OCT 1 1991		
TN No. \underline{q}	0-3			HCFA ID: 798	2E		

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